

Dr. Gaynor Potter

Leather Lane Dental Practice

Inspection Report

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Overall summary

We undertook a follow up desk-based review of Leather Lane Dental Practice on 17 July 2020. This review was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The review was carried out by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Leather Lane Dental Practice on 23 January 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Leather Lane Dental Practice on our website www.cqc.org.uk.

As part of this review we asked: Remove as appropriate:

- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 23 January 2020.

Background

Leather Lane Dental Practice is in Holborn in the London Borough of Camden and provides private dental care and treatment for adults and children.

The practice is located close to public transport links and has three treatment rooms all located on the first floor.

The dental team includes six dentists, one dental nurse, one trainee dental nurse, two dental hygienists and one receptionist.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The practice is open between :

9am and 5pm on Mondays

7.30am and 7pm on Tuesdays to Thursdays

8.30am and 4.30pm on Fridays

Our key findings were:

Summary of findings

- Systems were in place to monitor the expiry dates of dental materials on a monthly basis.
- All medical emergency equipment and medicines were stored correctly and in date, and systems had been implemented to ensure regular ongoing monitoring.
- There were systems in place to monitor patient referrals to ensure that patients were seen in a timely manner and followed up where needed.
- The practice had registered to receive patient safety alerts so as to review and manage any risks arising from this information.
- Risks assessments had been carried out relating to the maintenance of equipment, domiciliary care, staff lone working, and hazardous substances

- Policies and procedures in relation information governance, General Data Protection Regulations and the use of Closed Circuit TV were updated and were available.

The provider had also made further improvements:

- The practice had systems for auditing patient dental care records to check that necessary information is recorded
- Action had been taken to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 23 January 2020 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the review on 17 July 2020 we found the practice had made the following improvements to comply with the regulation:

- The practice had established systems to monitor the use-by dates of all dental materials to ensure they were disposed of and not used to treat patients. Systems were in place to monitor and replace out of date dental materials on a monthly basis.
- The practice had reviewed and improved their systems to ensure that emergency equipment and medicines are available and stored correctly. This included the replacement of the adhesive pads for use with the automated external defibrillator (AED). The medicine used to treat low blood sugar levels was stored correctly and the expiry date had been reviewed and adjusted in accordance with the manufacturer's instructions to ensure the medicines' efficacy. The practice had implemented systems to monitor these medicines and equipment.
- There were systems in place to monitor patient referrals to ensure that patients were seen in a timely manner and followed up where needed.

- A system for receiving safety information such as medicines and safety alerts was implemented shortly after our inspection visit in January 2020.
- Risk assessments relating to the maintenance of equipment, domiciliary / home visits and staff lone working had been carried out on the 10 February 2020. We reviewed these and found that the practice had suitable arrangements to minimise these risks.
- Staff had access to information related to the storage and handling of hazardous substances and were aware where this important guidance was located in the event of an incident. The practice had also carried out a risk assessment in relation to hazardous substances on the 10 February 2020.
- Improvements had been made to policies and procedures in relation information governance, General Data Protection Regulations and the use of Closed Circuit TV.

The provider had also made further improvements:

- Protocols were in place for auditing patient dental care records to check that necessary information is recorded. The audits highlighted any areas of improvement and systems were in place to review these.
- Steps had been taken to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

These improvements showed the provider had taken action to comply with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we carried out the review on 17 July 2020.